L-1065			LANS	SING			2	2014	For official us	e only		
	PART	NERSH	IIP INC	OME TA	AX RET	JŖN						
For fiscal year or other to	axable period beginnin	ng M N	/ D D	/ 2014 and e	nding M M	/ D D	) / Y Y	YY				
<b>IDENTIFICA</b>	TION AND	<b>INFOR</b>	MATION	1								
Name of Partnership						Emple	oyer Identification N	lumber				
In care of												
Number and Street					Room or Suite	No.						
Address 2					!	Mar	k all boxes th	nat appl	y and answe	er the four o	uestic	ons
							Information onl			erved	•	
City, Town or Post Office			State	Zip C	ode		Initial Return	•	Fina	l Return		
Foreign country name	Fo	oreign province	c/county	Foreig	ın postal code	Nur	mber of Partners		Date Business St	arted		
,		0 1	•			N	o. of Employees		Telephone Nu	mber		
Mark (X) bo	ox if partnership el	ects to nav	tay on hehalf	of nartners	complete the r	emainina s	ections of the r	eturn that	annly and the	remainder of	this na	ide
. ,	•			•	•	Ū						•
	ship may elect to pay and Information se			-								e tne
TAX												
1700	Tax (Sum of total     Estimated income			8 and column	9)					1		
	Estimated income tax payments for tax year      Prior year credit forward						2a 2b					
DAVMENTE 0	<u> </u>	2c. Extension Payment										
PAYMENTS & CREDITS	•						2c 2d					
		<ol> <li>Tax paid by another partnership</li> <li>Credit for tax paid to another city on behalf of resident partners (Enter total from Sch G,</li> </ol>										
		cn G, col 7)	2e									
	2f. Total tax paid (Ac			and credite (lin	o 2f) ontor balanc	no duo				2f		
	·	,		•		e due						
BALANCE DUE	Enclose chec	k or money ord	ler payable to the	e Lansing City T	reasurer.							
										3		
OVERPAYMENT	4. If payments and									4		
CREDIT FWD	Overpayment to I									5		
DONATIONS	6. Donations:	Police Pro	blem Solving		Hope Scholarship	)	Homeless A	ssistance	Total			
	6a.			6b.		6	ic.		Donations	6d		
REFUND	7. Refund. For direct	ct deposit refun	d mark (X) box o	on line 8 and co	mplete lines 8 a, b	& c (Line 4 le	ess lines 5 and 6d)			7		
ELECTRONIC	8. Mark one:	Refund	- Direct Deposit									
REFUND	8a. Routing number											
	8b. Account number							8c.	Account type:	Checking		Savings
DISCLOSUF	RE OF RET	<u>URN IN</u>	<u>IFORM</u>	<u>ATION</u>								
Do you want to allow the	preparer or another pe	erson to discuss	this return with	the Income Tax	Office?	Yes,	complete the follow		No			
Designee's name							Designe	ee's phone	number			
<b>SIGNATURE</b>												
Under the penalty of complete. If prepare										and belief it is to	ue, corr	ect and
Date	Signature of partner o	r member		Title		Pri	nted name of partner of	or member sig	gning return	Daytime phone nu	mber	
Date prepared	Signature of preparer	other than taxpa	yer	Firm name ar	nd address			PT	IN, EIN or SSN			
								Pr	eparer's phone no.			

LSN14

NACTP software no.

Name of partnership	Partnership's FEIN	0044 5   4005 0   1 4
		2014 Form L-1065, Schedule 1

					Revised 06/18/2014
	SCHEDULE 1 - PARTNER IN	FORMATION SC	HEDULE		Attachment 1
P A R T N E R	COLUMN 1  NAME AND ADDRESS OF ALL PARTNERS  (Complete column 1, column 2 and, if necessary, columns 3 and 4; if column 4 for partner equals part-year, report the resident and nonresident portions on separate partner lines)	COLUMN 2 PARTNER'S SOCIAL SECURITY OR EMPLOYER IDENTIFICATION NUMBER	COLUMN 3 TYPE OF ENTITY OF PARTNER (Follow Federal Form 1065 instructions for Schedule K-1, Item I; see Partner Entity	REPRESENTING AN	COLUMN 5  IF COLUMN 4  EQUALS PART- YEAR RESIDENT ENTER RESIDENCY START DATE ON
1		,			
2					
3		,			
4					
5					
6					
7					
8					
9					
10					

Name of partnership	Partnership's FEIN	
		2014 Form L-1065, Schedule 2,

Revised 01/21/2015

## SCHEDULE 2 - PARTNER INCOME AND TAX CALCULATION SCHEDULE

Partnerships filing an information return complete only columns 1 through 4. Partnerships electing to pay tax must complete all applicable columns.

Attachment 2

i aiti	icromps ciccumig to pay tax i	made dom	pioto ai	i applicable cola						/ titadiiiiidiit 2
P A R T N E R	COLUMN 1 PARTNER'S NAME	TYPE OF OF PAR (From P Information Classification	ENTITY TNER artner	COLUMN 3 PARTNER'S SOCIAL SECURITY OR EMPLOYER IDENTIFICATION NUMBER (From Partner	COLUMN 4 TOTAL INCOME (From page 2, Schedule C, column 7; See note 1 on page 1)	ALLOWABLE	COLUMN 7 TAXABLE INCOME (Column 4 less columns 5 and 6)	COLUMN 8 TAX AT RESIDENT OR CORPORATION TAX RATE (Column 7 multiplied by .01)	COLUMN 9 TAX AT NONRESIDENT TAX RATE (Column 7 multiplied by .005)	COLUMN 10 TAX PAID (Column 8 less Schedule G, column 6; or column 9; see Instructions)
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

Name of partnership	Partnership's FEIN						
	T didicionip of Env	2014 Form L-1065, Schedules A & B					

	Revised 06/18/2014
SCHEDULE A – ALLOCABLE PARTNERSHIP ORDINARY BUSINESS INCOME	Attachment 3
1. Ordinary business income (loss) (Form 1065, pg. 1, line 22) (Attach copy of federal Form 1065, Sch K (1065), ancillary schedules and statements)	
2. Add City of {City Name} income tax, if deducted in determining income on federal Form 1065	
3. Add interest and other costs incurred in connection with the production of income exempt from {City Name} income tax (Attach schedule)	
4. Deduct Sec. 179 depreciation (Federal Schedule K, line 12; Attach explanation)	
5. Other partnership deductions allowed under Michigan Uniform City Income Tax Ordinance (Attach explanation)	
6 Deduct ordinary income (loss) from other partnerships, estates & trusts (Federal Form 1065, page 1, line 4; attach explanation)	
7. Total adjusted ordinary business income (Add lines 1, 2, 3 and subtract lines 4, 5 and 6)	

								Revised 06/18/201
			PARTNERSHIP	INCOME NOT I	NCLUDED IN SC			Attachment
ATTACH COPY OF FEDERAL SCHEDULE K (1065)  ATTACH SCHEDULES TO EXPLAIN ALL EXCLUSIONS	FEDERAL FORM 1065 REFERENCE	COLUMN 1 APPORTIONED INCOME	COLUMN 2 TOTAL EXCLUDIBLE RESIDENT PARTNERS' PORTION OF COLUMN 1	COLUMN 3 TOTAL EXCLUDIBLE NONRESIDENT, ESTATE AND TRUST PARTNERS' PORTION OF COLUMN 1	COLUMN 4 TOTAL EXCLUDIBLE CORPORATION PARTNERS' PORTION OF COLUMN 1	COLUMN 5 TOTAL EXCLUDIBLE OTHER PARTNERS' PORTION OF COLUMN 1 (Partners not in columns 2, 3 or 4)	COLUMN 6 TOTAL TAXABLE AT RESIDENT OR CORPORATE TAX RATE (Column 1 less column 2, 4 or 5)	COLUMN 7 TOTAL TAXABLE AT NONRESIDENT TAX RATE (Column 1 less column 3)
NONBUSINESS INTEREST ANI	D DIVIDENDS (	SEE INSTRUCTION	S)					
Nonbusiness interest income	Sch. K, line 5							
Nonbusiness dividend income	Sch. K, lines 6a							
SALE OR EXCHANGE OF PRO		NSTRUCTIONS)						
3. Net short-term capital gain (loss)	Sch. K, line 8							
4. Net long-term capital gain (loss)	Sch. K, L. 9a - c							
5. Net Section 1231 gain (loss)	Sch. K, line 10							
RENTS AND ROYALTIES (IF I	NCOME INCLU	IDES RENTAL REAL	ESTATE, ATTAC	H COPY OF FEDE	RAL FORM 8825)			
6. Net income (loss) from rental real estate activities	Sch. K, line 2							
7. Net income (loss) from other rental activities	Sch. K, line 3c							
8. Royalty income	Sch. K, line 7							
OTHER INCOME								
9. Other income	Sch. K, line 11							
10. Ordinary income from other partnerships	Form 1065, line 4							
Total apportioned income (Add lin of each column)	es 1 through 10							
Amounts reported in column 1 ar Amounts reported in columns 2 t			` '	dinate schedule (Sc	hedule B-1 through S	chedule B-10).		

lame of partnership	Partnership's FEIN	0044 5 1 4005 0 1 1 0 0 D
	·	2014 Form L-1065, Schedules C & D

							Revised 06/18/2014					
	SCHEDULE C – INCOME DISTRIBUTION TO PARTNERS Attachment											
	COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6	COLUMN 7					
P A R T Z E R	ADJUSTED ORDINARY BUSINESS INCOME (Total equals Schedule A, line 7)	ALLOCATION PERCENTAGE (Resident partners enter 100%; partnership partners see instructions; other partners enter percentage from Sch. D, line 5)	ALLOCATED ORDINARY BUSINESS INCOME (Column 1 multiplied by percentage in column 2)	ALLOCATED OR APPORTIONED GUARANTEED PAYMENTS TO PARTNERS (From Schedule F, column 4)	RESIDENT, CORPORATION AND PARTNERSHIP PARTNER'S PORTION OF SCHEDULE B INCOME (From Schedule B11, column 11)	NONRESIDENT, ESTATE AND TRUST PARTNER'S PORTION OF SCHEDULE B INCOME (From Schedule B11, column 11)	TOTAL INCOME (Add columns 3, 4, 5, and 6; If partnership elects to pay tax, enter on Schedule 2, column 4)					
1		%										
2		%										
3		%										
4		%										
5		%										
6		%										
7		%										
8		%										
9		%										
10		%										
Totals												

			Revised 06/18/2014					
SCHEDULE D – BUSIN	ESS ALLOCATION PERCE	NTAGE	Attachment 6					
	COLUMN 1 COLUMN 2							
	LOCATED EVERYWHERE	LOCATED IN CITY	PERCENTAGE					
a. Average net book value of real and tangible personal property			(Column 2 divided					
b. Gross annual rent paid for real property only, multiplied by 8			by column 1)					
c. Totals (Add lines 1a and 1b)			%					
2. Total wages, salaries, commissions and other compensation of all employees			%					
3. Gross receipts from sales made or services rendered			%					
4. Total percentages (Add the percentages computed in column 3, lines 1c, 2 and 3)			%					
5. Business allocation percentage (Divide line 4 by the number of factors) Enter here and	on Schedule C, column 2 (See note below	v)	%					
Note 3. In determining the business allocation percentage (Line 5), a factor shall be ex	cluded from the computation only when su	ch factor does not exist anywhere ins	ofar					
as the taxpayer's business operation is concerned. In such cases, the sum of	the remaining percentages shall be divided	d by the number of factors actually us	ed.					
In the case of a taxpayer authorized by the Income Tax Administrator to use or	ne of the special formulas, attach an explai	nation and use the lines provided belo	DW:					
a. Numerator	c. Percentage (a divided by b) (Ente	er here and on Schedule C, Col. 2)	%					
b. Denominator	d. Date of Administrator's approval le	etter (mm/dd/yyyy)						

Name o	of partnership	Partnership's FEIN		2014 Form L	-1065, Schedul	es E & F
If the b	using a postivity of the partners	SCHEDULE E - RENT				Revised 06/18/2014 Attachment
	ERTY #	PROPERTY ADDRE		uss of each property.		GAIN OR LOSS
1.	LNII#	FROFERITADDRE				GAIN ON LOSS
2.						
3.						
4.						
5.	C (ATTACH CORV OF	EEDEDAL EODM 2005)				
TOTAL	_S (ATTACH COPY OF	FEDERAL FORM 8825)				
						Revised 06/18/2014
	SCHEDU	LE F – ALLOCATED OR APPORTIONED	GUARANTEED	PAYMENTS 1	TO PARTNERS	
This sc		making guaranteed payments to partners where one or more pa				
		ts are taxed differently under the Michigan Uniform City Income		, ,	0 17	
	YPES OF GUARANTEED			TAXABILITY OF	TYPE OF GUARAN	TEED PAYMENT
		NT BENEFIT RECEIVED BY A RESIDENT INDIVIDUAL		NOT TAXABLE		
_		NT BENEFIT RECEIVED BY A NONRESIDENT INDIVIDU	JAL	NOT TAXABLE		
_		CAPITAL BY A RESIDENT INDIVIDUAL		100% TAXABLE		
_		CAPITAL BY A NONRESIDENT INDIVIDUAL		NOT TAXABLE		
_		ERSONAL SERVICES RECEIVED BY A RESIDENT INDI	VIDUAL	100% TAXABLE		
_		ERSONAL SERVICES RECEIVED BY A NONRESIDENT		WAGE APPORT	ONED	
	COLUMN 1	COLUMN 2		COLUMN 3		COLUMN 4
Р.,	GUARANTEED	LIST TYPE OF GUARANTEED PAYMENT	PE	RCENTAGE TAXAE	BLE	CITY
A N	PAYMENTS	R as a qualified retirement benefit (RQRB)		taxable for partner i		TAXABLE
l R U	TO PARTNERS	N as a qualified retirement benefit (NQRB)	upon type of guar	ranteed payment re	ceived; if reason is	GUARANTEED
T   M		R as interest for use of capital (RINT) N as interest for use of capital (NINT)		pensation enter day d 3B and compute p		PAYMENTS
N E	(Total equals amount	R as compensation for personal services (RCOMP)	COLUMN 3A	COLUMN 3B	COLUMN 3C	(Column 1 multiplied
	reported on federal	N as compensation for personal services (NCOMP)	WORK DAYS	WORK DAYS	PERCENTAGE	by column 3C)
RR	Form 1065, line 10)		OR HOURS	OR HOURS	TAXABLE	
		( R = resident and N = nonresident)	IN CITY	EVERYWHERE	(Default is 100%)	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Totals						

Name of partnership	Partnership's FEIN	2014 Form L-1065, Schedule G

Revised 01/21/2015
Attachment 9

## SCHEDULE G – CREDIT FOR TAX PAID TO ANOTHER CITY ON BEHALF OF RESIDENT PARTNERS

If tax is paid to more than one other city on behalf of a resident partner, use a separate line for each city. Total the amounts in column 6 for the partner and enter the total credit for the partner on the last line for the partner in column 7.

			•	'			
P A R T N E R	COLUMN 1 NAME OF OTHER CITY	OTHER CITY AND ALSO TAXABLE BY {CITY NAME}	COLUMN 3 NUMBER OF EXEMPTIONS CLAIMED BY PARTNER (Tax Due Schedule, column 6)	COLUMN 4 TAX AT LANSING'S NONRESIDENT TAX RATE (Subtract the result of column 3 multiplied by city's exemption value from column 2 and multiply the difference by .005, Lansing's nonresident tax rate)	COLUMN 5 TAX PAID TO OTHER CITY (Subtract the result of column 3 multiplied by other city's exemption value from column 2 and multiply the difference by other city's nonresident tax rate)	OTHER CITY (Smaller of column 4 or column 5)	COLUMN 7 TOTAL CREDIT FOR TAX PAID TO OTHER CITY ON BEHALF OR PARTNER (Column 6 total for partner; place on last line for partner)
	Example Flint	10,000	3	41	41	41	
999	Example Detroit	5,000	3	16	39	16	
999	Example Saginaw	12,000	3	51	77	51	108
	eredit for tax paid to an						

Name of partnership	Partnership's FEIN	2014 Form L-1065, Schedule B1 & B2
		2014 Form E-1003, Schedule BT & BZ

									Revised 06/18/2014
			S	CHEDULE B1 - IN	NTEREST INCOM	E (Schedule B, lin	e 1, by partner)		Attachment 10
Р	COLU	MN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6	COLUMN 7	COLUMN 8
AN	TYPE OF		INTEREST INCOME	EXCLUDIBLE	EXCLUDIBLE	EXCLUDIBLE	EXCLUDIBLE	INTEREST INCOME	INTEREST INCOME
R <sub>M</sub>	OF PARTN	•		INTEREST INCOME	INTEREST INCOME	INTEREST INCOME	INTEREST INCOME	TAXABLE AT	TAXABLE AT
T '''	Parti Informatio		FEDERAL SCHEDULE K-1 FOR PARTNER	OF INDIVIDUAL RESIDENT	OF INDIVIDUAL NONRESIDENT	OF CORPORATION PARTNERS	OF PARTNERS NOT REPORTED IN	RESIDENT OR CORPORATION	NONRESIDENT TAX RATE (Column 2
N E	IIIIOIIIIauc		(Sch. K-1 (Form 1065),		ESTATE OR TRUST	TARTINERO	COLUMNS 3, 4 & 5	TAX RATE (Column 2	less column 4)
E R	Federal	Residency	line 5)		PARTNERS			less column 3, 5 or 6)	,
	Classification	Status							
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
Totals									

									Revised 06/18/2014
			S	CHEDULE B2 - D	IVIDEND INCOMI	E (Schedule B, lin	e 2, by partner)		Attachment 11
Р	COLUI	MN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6	COLUMN 7	COLUMN 8
AN	TYPE OF	ENTITY	DIVIDEND INCOME	EXCLUDIBLE	EXCLUDIBLE	EXCLUDIBLE	EXCLUDIBLE	DIVIDEND INCOME	DIVIDEND INCOME
l ⊳ ∪	OF PAR		REPORTED ON	DIVIDEND INCOME	DIVIDEND INCOME	DIVIDEND INCOME	DIVIDEND INCOME	TAXABLE AT	TAXABLE AT
T M	(From Partice)		FEDERAL SCHEDULE K-1 FOR PARTNER	OF INDIVIDUAL RESIDENT	OF INDIVIDUAL NONRESIDENT	OF CORPORATION PARTNERS	OF PARTNERS NOT REPORTED IN	RESIDENT OR CORPORATION	NONRESIDENT TAX RATE (Column 2
IN F	IIIIOIIIIalio	JII 3011.)	(Sch. K-1 (Form 1065),	PARTNERS	ESTATE OR TRUST	FARTNERS	COLUMNS 3, 4 or 5	TAX RATE (Column 2	less column 4)
E R	Federal	Residency	line 6A)		PARTNERS			less column 3, 5 or 6)	1000 001411111 1,
K	Classification	Status	,					,	
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
Totals									

Name of partnership	Partnership's FEIN	2014 Form L-1065, Schedules B3 & B4
		2014 Form E-1003, Schedules B3 & B4

									Revised 06/18/2014
			SCHEDULE B3	B – NET SHORT TE	ERM CAPITAL GA	IN (OR LOSS) (S	chedule B, line 3,	by partner)	Attachment 12
	COLUI	MN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6	COLUMN 7	COLUMN 8
P <sub>N</sub>	TYPE OF		SHORT TERM	EXCLUDIBLE	EXCLUDIBLE	EXCLUDIBLE	EXCLUDIBLE	SHORT TERM	SHORT TERM
A	OF PAR		CAPITAL GAIN (LOSS)		SHORT TERM	SHORT TERM	SHORT TERM	,	CAPITAL GAIN (LOSS)
R M	(From P		REPORTED ON	CAPITAL GAIN (LOSS)					TAXABLE AT
N B	Informatio	on Scn.)	FEDERAL SCHEDULE K-1 FOR PARTNER	OF INDIVIDUAL RESIDENT	OF INDIVIDUAL NONRESIDENT	OF CORPORATION PARTNERS	OF PARTNERS NOT REPORTED IN	RESIDENT OR CORPORATION	NONRESIDENT TAX RATE (Column 2
			(Sch. K-1 (Form 1065),		ESTATE OR TRUST	TAKTIVEKO	COLUMNS 3, 4 or 5)	TAX RATE (Column 2	le <b>s</b> s column 4)
E R	Federal	Residency	line 5)		PARTNERS			less column 3, 5 or 6)	,
	Classification	Status	·						
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
Totals									

									Revised 06/18/2014
			SCHEDULE B4	- NET LONG TEI	RM CAPITAL GAII	N (OR LOSS) (Sch	nedule B, line 4, b	y partner)	Attachment 13
Р.,	COLUI	MN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6	COLUMN 7	COLUMN 8
AN	TYPE OF		LONG TERM	EXCLUDIBLE	EXCLUDIBLE	EXCLUDIBLE	EXCLUDIBLE	LONG TERM	LONG TERM
I R	OF PAR		CAPITAL GAIN (LOSS)		LONG TERM	LONG TERM			CAPITAL GAIN (LOSS)
I + M	(From P			CAPITAL GAIN (LOSS)					TAXABLE AT
l 'B	Information	on Sch.)	FEDERAL SCHEDULE	OF INDIVIDUAL	OF INDIVIDUAL	OF CORPORATION	OF PARTNERS NOT	RESIDENT OR	NONRESIDENT
FE	1		K-1 FOR PARTNER	RESIDENT	NONRESIDENT	PARTNERS	REPORTED IN	CORPORATION	TAX RATE (Column 2
E R	Federal		(Sch. K-1 (Form 1065),	PARTNERS	ESTATE OR TRUST		COLUMNS 3, 4 or 5	TAX RATE (Column 2	less column 4)
IX	Classification	Status	line 5)		PARTNERS			less column 3, 5 or 6)	
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
Totals									

Name of partnership	Partnership's FEIN	2014 Form L-1065, Schedules B5 and B6
		2014 FOITH E-1003, Schedules B3 and B0

									Revised 06/18/2014
			SCHEDUL	E B5 – NET SECT	TON 1231 GAIN (0	OR LOSS) (Sched	lule B, line 5, by p	artner)	Attachment 14
Р	COLU	MN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6	COLUMN 7	COLUMN 8
AN	TYPE OF		SECTION 1231 GAIN	EXCLUDIBLE	EXCLUDIBLE	EXCLUDIBLE	EXCLUDIBLE	SECTION 1231 GAIN	SECTION 1231 GAIN
R	OF PAR		(LOSS) REPORTED	SECTION 1231 GAIN	SECTION 1231 GAIN	SECTION 1231 GAIN	SECTION 1231 GAIN	(LOSS) TAXABLE AT	(LOSS) TAXABLE AT
I T M	(From P		ON FEDERAL	(LOSS) OF	(LOSS) OF	(LOSS) OF	(LOSS) OF	RESIDENT OR	NONRESIDENT
N B	informatio	on Sch.)	SCHEDULE K-1 FOR		INDIVIDUAL	CORPORATION	PARTNERS NOT	CORPORATION	TAX RATE
E E			PARTNER (Sch. K-1	RESIDENT	NONRESIDENT	PARTNERS	REPORTED IN	TAX RATE	(Column 2 less
RR	Federal Classification	Residency Status	(Form 1065), line 5)	PARTNERS	ESTATE OR TRUST		COLUMNS 3, 4 or 5	(Column 2 less	column 4)
	Classification	Status			PARTNERS			column 3, 5 or 6)	
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
Totals									

									Revised 06/18/2014
		SCH	EDULE B6 - NET I	INCOME (LOSS) F	ROM RENTAL RI	EAL ESTATE ACT	IVITIES (Sch. B,	line 6, by partner)	Attachment 15
	COLU	MN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6	COLUMN 7	COLUMN 8
P A R T N E	TYPE OF OF PAR (From P Information	RTNER Partner	NET INCOME (LOSS) FROM RENTAL REAL ESTATE (From Form 1065, Schedule K, line 2)	EXCLUDIBLE INCOME (LOSS) FROM RENTAL REAL ESTATE OF INDIVIDUAL RESIDENT	EXCLUDIBLE INCOME (LOSS) FROM RENTAL REAL ESTATE OF INDIVIDUAL NONRESIDENT	EXCLUDIBLE INCOME (LOSS) FROM RENTAL REAL ESTATE OF CORPORATION PARTNERS	EXCLUDIBLE INCOME (LOSS) FROM RENTAL REAL ESTATE OF PARTNERS NOT REPORTED IN	INCOME (LOSS) FROM RENTAL REAL ESTATE TAXABLE AT RESIDENT OR CORPORATION TAX RATE	INCOME (LOSS) FROM RENTAL REAL ESTATE TAXABLE AT NONRESIDENT TAX RATE (Column 2 less
RR	Federal Classification	Residency Status		PARTNERS	ESTATE OR TRUST PARTNERS	TAKINLIS	COLUMNS 3, 4 or 5	(Column 2 less column 3, 5 or 6)	,
1									
2									
3									
4									
5									
6									
7									
8									
9									
10						_			
Totals					_	_			

Name of partnership	Partnership's FEIN	2014 Form L-1065, Schedules B7 & B8
		2014 1 01111 E-1003, 3011edules D7 & D0

									Revised 06/18/2014
		SC	HEDULE B7 – NE	T INCOME (LOSS	) FROM OTHER F	RENTAL ACTIVITI	ES (Schedule B, I	ine 7, by partner)	Attachment 16
	COLU	MN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6	COLUMN 7	COLUMN 8
P <sub>N</sub>	TYPE OF	ENTITY	NET INCOME(LOSS)	EXCLUDIBLE INCOME	EXCLUDIBLE	EXCLUDIBLE	EXCLUDIBLE	INCOME (LOSS)	INCOME (LOSS)
I A ii	OF PAR	TNER	FROM OTHER	(LOSS) FROM OTHER	INCOME (LOSS)	INCOME (LOSS)	INCOME (LOSS)	FROM OTHER	FROM OTHER
RM	(From P		RENTAL ACTIVITIES	RENTAL ACTIVITIES	FROM OTHER	FROM OTHER	FROM OTHER	RENTAL ACTIVITIES	RENTAL ACTIVITIES
T B	Informatio	on Sch.)	(From Form 1065,	OF INDIVIDUAL	RENTAL ACTIVITIES	RENTAL ACTIVITIES	RENTAL ACTIVITIES	TAXABLE AT	TAXABLE AT
IN ⊏			Schedule K, line 2)	RESIDENT	OF INDIVIDUAL	OF CORPORATION	OF PARTNERS NOT	RESIDENT OR	NONRESIDENT TAX
E R				PARTNERS	NONRESIDENT ESTATE OR TRUST	PARTNERS	REPORTED IN	CORPORATION TAX	RATE (Column 2 less
K	Federal Classification	Residency Status			PARTNERS		COLUMNS 3, 4 or 5	RATE (Column 2 less column 3, 5 or 6)	column 4)
	Classification	Status			TAKTINEKO			column 5, 5 or 6)	
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
Totals									

									Revised 06/18/2014	
SCHEDULE B8 – ROYALTY INCOME (Schedule B, line 8, by partner)  Att										
P A R T N E R	TYPE OF OF PAR (From P Information Federal Classification	ENTITY TNER Partner	COLUMN 2 ROYALTY INCOME (From Form 1065, Schedule K, line 7)	COLUMN 3  EXCLUDIBLE  ROYALTY INCOME  OF INDIVIDUAL  RESIDENT  PARTNERS	COLUMN 4 EXCLUDIBLE ROYALTY INCOME OF INDIVIDUAL NONRESIDENT ESTATE OR TRUST PARTNERS	COLUMN 5 EXCLUDIBLE ROYALTY INCOME OF CORPORATION PARTNERS	COLUMN 6 EXCLUDIBLE ROYALTY INCOME OF PARTNERS NOT REPORTED IN COLUMNS 3, 4 or 5	COLUMN 7 ROYALTY INCOME TAXABLE AT RESIDENT OR CORPORATION TAX RATE (Column 2 less column 3, 5 or 6)	COLUMN 8 ROYALTY INCOME TAXABLE AT NONRESIDENT TAX RATE (Column 2 less column 4)	
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
Totals										

Name of partnership	Partnership's FEIN	2014 Form L-1065, Schedules B9 & B10
		2014 Form E-1003, Scriedules D9 & D10

									Revised 06/18/2014
				SCHEDULE B9 -	OTHER INCOME	(Schedule B, line	9, by partner)		Attachment 18
Р.,	COLU	MN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6	COLUMN 7	COLUMN 8
AN	TYPE OF		OTHER INCOME	EXCLUDIBLE	EXCLUDIBLE	EXCLUDIBLE	EXCLUDIBLE	OTHER INCOME	OTHER INCOME
R	OF PAR		(Schedule K,11)	OTHER INCOME	OTHER INCOME	OTHER INCOME	OTHER INCOME	TAXABLE AT	TAXABLE AT
T M	(From P Information			OF INDIVIDUAL RESIDENT	OF INDIVIDUAL NONRESIDENT	OF CORPORATION PARTNERS	OF ALL OTHER PARTNERS	RESIDENT OR CORPORATION	NONRESIDENT TAX RATE
IN ⊏	miomatic	511 0011.)		PARTNERS	ESTATE OR TRUST	TARTIVERO	TARTINERO	TAX RATE	(Column 2 less
E R	Federal	Residency			PARTNERS			(Column 2 less column	column 4)
	Classification	Status						3, 5 or 6)	
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
Totals									

									Revised 06/18/2014
		S	CHEDULE B10 - (	ORDINARY INCOM	ME FROM OTHER	PARTNERSHIPS	(Schedule B, line	10, by partner)	Attachment 19
	COLU	MN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6	COLUMN 7	COLUMN 8
PN	TYPE OF		ORDINARY INCOME	EXCLUDIBLE	EXCLUDIBLE	EXCLUDIBLE	EXCLUDIBLE	ORDINARY INCOME	ORDINARY INCOME
I A II	OF PAR		FROM OTHER	ORDINARY INCOME	ORDINARY INCOME	ORDINARY INCOME	ORDINARY INCOME	FROM	FROM
R M	(From P		PARTNERSHIPS (From Form 1065,	FROM OTHER PARTNERSHIPS	FROM OTHER PARTNERSHIPS	FROM OTHER PARTNERSHIPS	FROM OTHER PARTNERSHIPS FOR	PARTNERSHIPS TAXABLE AT	PARTNERSHIPS TAXABLE AT
N B	Sched		line 4)	OF INDIVIDUAL	OF INDIVIDUAL	OF CORPORATION	PARTNERS NOT	RESIDENT OR	NONRESIDENT
I F E	Correct	auto)	iiilo 4)	RESIDENT	NONRESIDENT	PARTNERS	REPORTED IN	CORPORATION TAX	TAX RATE (Column 2
RR	Federal	Residency		PARTNERS	ESTATE OR TRUST		COLUMNS 3, 4 or 5	RATE (Column 2 less	less column 4)
	Classification	Status			PARTNERS			column 3, 5 or 6)	
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
Totals									

Name of partnership					ship's FEIN						
						2014 Form L-1065, Schedule B11					
											Revised 06/18/2014
		SCHE	DULE B11 - SCI	HEDULE B SUMI	MARY BY PARTN	ER BY SCHEDU	LE B LINE NUMB	ER (Schedule B,	line 11, by partn	ier)	Attachment 20
	COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6	COLUMN 7	COLUMN 8	COLUMN 9	COLUMN 10	COLUMN 11
PN	LINE 1	LINE 2	LINE 3	LINE 4	LINE 5	LINE 6	LINE 7	LINE 8	LINE 9	LINE 10	TOTAL PARTNER'S
A U	INTEREST INCOME (Partner's	DIVIDEND INCOME	NET SHORT TERM CAPITAL GAIN	NET LONG TERM CAPITAL GAIN	NET SECTION 1231 GAIN (LOSS)	NET INCOME (LOSS) FROM RENTAL REAL	NET INCOME (LOSS) FROM OTHER	ROYALTY INCOME (Partner's city portion;	OTHER INCOME (Partner's city portion;	ORDINARY INCOME FROM OTHER	PORTION OF CITY APPORTIONED
T IVI	city portion; from	(Partner's city	(LOSS)	(LOSS)	(Partner's city portion;		RENTAL ACTIVITIES	from Schedule B8,	from Schedule B9,	PARTNERSHIPS	INCOME
N E	Schedule B1,	portion; from	(Partner's city portion;	(Partner's city portion;	from Schedule B5,	(Partner's city portion;	(Partner's city portion;	column 7 or	column 7 or	(Partner's city portion;	(Add columns 1
E R R	column 7 or column 8)	Schedule B2, column 7 or	from Schedule B3, column 7 or	from Schedule B4, column 7 or	column 7 or column 8)	from Schedule B6, column 7 or	from Schedule B7, column 7 or	column 8)	column 8)	from Schedule B10, column 7 or	through 10; enter here and on Schedule C,
ĸ	column 8)	column 8)	column 8)	column 8)	Column 6)	column 8)	column 8)			column 8)	col. 5 or col. 6)
1		,	,	,		,	·			,	,
2											
3											
4											
5											
6											
7											
8											
9											
10											

Totals

Name of partnership	Partnership's FEIN	0044 5 1 4005 0 .1 . 1 1. 44
		2014 Form L-1065, Schedule 1A,

	SCHEDULE 1A - PARTNER INFORMATION SCH				IP	evised 06/18/2014 Attachment 1A
Name a	nd address of of downstream partnership	Downstream partnership	s FEIN		mber of Parti	
		Date Business Started			. of Employe	
		Contact person		Tel	lephone Num	nber
P A R T N E R	COLUMN 1  NAME AND ADDRESS OF ALL PARTNERS OF DOWNSTREAM PARTNERSHIP  (Enter the tax ID and name of downstream partnership below and complete column 1, column 2 and, if necessary, columns 3 and 4; if column 4 for partner equals part-year, report the resident and nonresident portions on separate partner lines)	COLUMN 2 PARTNER'S SOCIAL SECURITY OR EMPLOYER IDENTIFICATION NUMBER	COLUMN 3 TYPE OF ENTITY OF PARTNER (Follow Federal Form 1065 instructions for Schedule K-1, Item I; see Partner Entity Classification Chart)	COLUMN IF PARTNER IS INDIVIDUAL O NOMINEE REPRESENTIN INDIVIDUAL, EN RESIDENCE STAT PARTNER (R = RO N = Nonresident, Part-year resident PN = Part-ye nonresident por	S AN OR E YE G AN NTER RES TUS OF esident, PR = L portion, ear N	COLUMN 5 IF COLUMN 4 EQUALS PART- EAR RESIDENT ENTER SIDENCY START DATE ON RESIDENT (PR) LINE AND END DATE ON IONRESIDENT (PN) LINE
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Name of partnership	Partnership's FEIN	
		2014 Form L-1065, Schedule 2A

Revised 07/28/2014 SCHEDULE 2A - PARTNER INCOME AND TAX CALCULATION SCHEDULE FOR DOWNSTREAM PARTNERSHIP Attachment 2A Partnerships electing to pay tax who have a partnership as a partner must complete and attach this schedule for all partners of the downstream partnership. Name and address of of downstream partnership Downstream partnership's FEIN COLUMN 1 COLUMN 2 COLUMN 3 COLUMN 4 COLUMN 5 **COLUMN 6 COLUMN 7 COLUMN 8** COLUMN 9 COLUMN 10 P N U R M T PARTNER'S NAME **EXEMPTIONS** TYPE OF ENTITY PARTNER'S TOTAL INCOME ALLOWABLE TAXABLE INCOME TAX AT TAX AT TAX PAID OF PARTNER **DEDUCTIONS** RESIDENT OR NONRESIDENT (Column 8 less SOCIAL SECURITY (From page 2, Schedule (See (Column 4 less (From Partner OR EMPLOYER C, column 7; See note 1 (See instructions) instructions) columns 5 and 6) **CORPORATION** TAX RATE Schedule G. Information Sch.) **IDENTIFICATION** on page 1) (Column 7 column 6; or TAX RATE NUMBER (Col.umn 7 multiplied column 9; see N E R R (From Partner multiplied by tax rate) Instructions) Information Sch.) by tax rate) Federal Residency Classification 1 2 3 4 5 6 7 8 9 10

If this schedule is not attached to partnership return, all income of downstream partnership will be taxed at the resident tax rate.

Totals (Enter here and on Schedule 2 partner line for this partnership)

Partnership's name	Partnership's FEIN	2014 LANSING
SCHEDULE S - SUPPORTING NOTE	ES AND STATEMENTS	Attachment 22
		Revised 12/04/2014